

# **EXHIBIT G**

DO NOT USE THIS FORM TO REPORT: CHARGES, CASE CLEARANCES, INITIAL ARREST ON THE C... AMT, RECOVERED PROPERTY, ADDITIONAL STOLEN PROPERTY  
SERIAL NUMBERS OBTAINED FOR PROPERTY PREVIOUSLY REPORTED, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP (PD 313-001) TO REPORT THE PROCEEDING.

COMPLAINT - FOLLOW UP INFORMATIONAL PD 313-001A (Rev. 4-80)-31		Crime	PC	OCES No.	Complaint No.	Date of This Report
INV. HOAX DEVICE		019	N/A	19-6035	06/25/06	
Date of Orig. Report 06/25/06	Date Assigned 06/25/06	Case No. B.S.# 800	Unit Reporting BOMB SQUAD	Follow-Up No. 01		
Complainant's Name - Last, First, M.I. P.S.N.Y.			Victim's Name - If Different			
Last Name, First, M.I.			Address, Include City, State, Zip			
Home Telephone		Business Telephone	Position / Relationship	Sex	Race	Date of Birth
Total No. of Perpetrators		Wanted	Arrested	Weapon	Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)	
Wanted		Arrested	Last Name, First, M.I.	Address, Include City, State, Zip		
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color
Eyeglasses		Sunglasses	Clothing Description	Scars, Marks, M.O., Etc.	(Continue in "Details")	
Wanted		Arrested	Last Name, First, M.I.	Address, Include City, State, Zip		
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color
Eyeglasses		Sunglasses	Clothing Description	Scars, Marks, M.O., Etc.	(Continue in "Details")	
<b>AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."</b>						
Comp. Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)	
Witness Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)	
Cameras Conducted	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results			Crime Scene Visited	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained	
Complainant Viewed Photos	Results:					
Witness Viewed Photos	Results:					
Crime Scene Detailed	By (Enter Results in Details)			Crime Scene Photos	By (Enter Results in Details)	
If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted						
<b>DETAILS:</b>  SUBJECT: INV. HOAX DEVICE LOCATION: F/O 1128 3rd ave DETAILS: 1. On Sunday 06/25/06 at approximately 2245 hours the BOMB SQUAD was requested to the above location for a suspicious package. SGT HOURIHAN, DET DEAN & the undersigned responded to the scene. 2. Upon arrival the undersigned was informed by SGT MCGUINNESS of E.S.U. TRUCK 1 that an unknown person left a black cloth fanny pack which seemed to contain 2 metal cylinders with wires protruding. 3. The undersigned donned the MED-ENG BOMB SUIT & conducted a visual & radiographic examination of said package. After examination of the package & evaluation of the X-RAYS taken it was determined that that the pack did not contain anything of an explosive nature but was constructed in such a way as to cause public alarm and is therefore deemed to be a HOAX DEVICE. Evidence was documented and packaged by DET - ENTENMANN SHIELD # 270 of the CRIME SCENE UNIT under run # 06/0677. 4. In view of the aforementioned facts the undersigned requests that this case remain open and assigned to the 019 squad pending the outcome of lab analysis, Voucher #N220595.						
CASE	DATE REVIEWED	CLOSED	IF ACTIVE, DATE OF NEXT REVIEW			
REPORTING OFFICER:	RANK	P.O.	SIGNATURE	NAME PRINTED	RECEIVED NO.	COMMAND
REVIEWING / CLOSING SUPERVISOR:	CASE	ENTER DESIGNATION	SIGNATURE	NAME PRINTED	RECEIVED NO.	COMMAND